



JC813 U.S. PTO  
09/618911  
07/18/00



**POST OFFICE TO ADDRESSEE**

**EK863325708US**

ORIGIN (POSTAL USE ONLY)			
ZIP Code 87612	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input checked="" type="checkbox"/> 15	
Delivery Point 3-30-00	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	
Day 18/02	Military <input type="checkbox"/> 2nd Day <input checked="" type="checkbox"/> 3rd Day	Return Receipt Fee	
AM <input type="checkbox"/> PM <input type="checkbox"/>	Int'l Alpha Country Code	COD Fee	Insurance Fee
Weight 5 lbs.	Acceptance Clerk Initials RJR	Total Postage & Fees \$ 17.54	
Delivery Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	Customer Signature		

**SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS**

**Customer Copy**

CUSTOMER USE ONLY	
MODE OF PAYMENT: Business Mail Corporate Acct. No. Personal Agency Acct. No. or Individual Service Acct. No.	<input type="checkbox"/> <b>WAIVER OF SIGNATURE</b> (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. <input type="checkbox"/> <b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature

**FROM: (PLEASE PRINT)** **PHONE ( )** 864 433-3247  
D 41939-10  
LAW DEPARTMENT  
CRYOVAC, INC.  
P. O. BOX 464  
DUNCAN, SC 29334

**TO: (PLEASE PRINT)** **PHONE ( )**  
ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, DC 20231

